## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective October 1, 2003                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         |                        |                        |        |                            |                        |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|---------------------------------------------|----------------|---------|---------------------|---------|------------------------|------------------------|--------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         | SMALL<br>TYPE          | ENTITY                 | OR     | OTHER                      |                        |
| TOTAL CLAIMS                                                             |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 | 30                                          |                |         |                     |         | RATE                   | FEE                    | ]      | RATE                       | FEE                    |
| FOR                                                                      |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 | NUMBER                                      | FILED          | NUMB    | ER EXTRA            |         | BASIC FE               | € 385.00               | OR     | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 | 30 minus 20= 1                              |                |         |                     |         | XS 9≈                  |                        | OR     | XS18=                      | 190                    |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 | / m                                         | nus 3 =        | •       |                     |         | X43=                   | 1                      | OR     | X86≃                       |                        |
| ML                                                                       | LTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                 | IDENT CL       | AIM P           | RESENT                                      |                |         |                     |         | +145=                  |                        | OR     | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         | TOTAL                  | 1                      | OR     | TOTAL                      | 9.50                   |
| CLAIMS AS AMENDED - ####### /D/12/04 (Column 1) (Column 2) (Column 3)    |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         | SMALL ENTITY           |                        |        | OTHER THAN<br>SMALL ENTITY |                        |
| NTA                                                                      | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                             |                |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                | PRESENT |                     | RATE    | ADDI-<br>TIONAL<br>FEE |                        | RATE   | ADDI-<br>TIONAL<br>FEE     |                        |
| AMENDMENT A                                                              | Total                                                                                                                                                                                                                                                                                                                                                                                        | - 30 Minus     |                 | -30                                         |                | . Ø     |                     | ·X\$ 9= |                        | OR                     | X\$16= |                            |                        |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                  |                |                 | - 3                                         |                | 1-12    |                     | X43=    |                        | OR                     | X86=   |                            |                        |
| Ľ                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                               |                |                 |                                             |                |         |                     | )       | +145=                  |                        | OR     | +290=                      |                        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         | TOTAL                  |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              | (Colum         | n 1)            |                                             | (Colur         | mn 2)   | (Column 3)          |         | ADUIT. PE              |                        | •      | -                          |                        |
| AMENDMENT B                                                              | CLAIMS REMAINING AFTER AMENDMEN                                                                                                                                                                                                                                                                                                                                                              |                | IS<br>IING<br>R | HIGH<br>NUM<br>PREVIC<br>PAID               |                | BER     | PRESENT<br>LY EXTRA |         | RATE                   | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                        | •              |                 | Minus                                       |                |         | =                   | ]       | X\$ 9=                 |                        | OR     | X\$18=                     |                        |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                  |                |                 | Minus                                       |                |         |                     | 11      | X43=                   |                        | OR     | X86=                       |                        |
| _                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                               |                |                 |                                             |                |         |                     |         | +145=                  |                        | OR     | +290=                      |                        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         |                        |                        |        | TOTAL                      | <del>- `-</del>        |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         | ADDIT. FEE             | -26                    | ,      | ADDIT. FEE                 |                        |
| _                                                                        |                                                                                                                                                                                                                                                                                                                                                                                              | (Colum         | AS              |                                             | (Colur<br>HIGH | EST     | (Column 3)          | ነ ፣     |                        | ADDI-                  | 1      |                            | ADDI-                  |
| AMENDMENT C                                                              |                                                                                                                                                                                                                                                                                                                                                                                              | AFTE<br>AMENDA | R               |                                             | PREVIO<br>PAID | DUSLY   | PRESENT<br>EXTRA    | Ш       | RATÈ                   | TIONAL<br>FEE          |        | RATE                       | TIONAL                 |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                        |                |                 | Minus                                       | -              |         | •                   | П       | X\$ 9=                 |                        | OR     | X\$18=                     |                        |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                  | •              |                 | Minus                                       | ***            |         | -                   | ] [     | X43=                   |                        | OR     | X86=                       |                        |
| ۲                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                               |                |                 |                                             |                |         |                     |         | ,,,,,,                 |                        | UH     |                            |                        |
| +145=                                                                    |                                                                                                                                                                                                                                                                                                                                                                                              |                |                 |                                             |                |         |                     |         |                        |                        | OR     | +290=                      |                        |
| -                                                                        | * the entry in column 1 is less than the entry in column 2, write 0" er column 3.  **TOTAL OR TOTAL  **OTAL OR ADDIT. FEE  **OTAL OR ADDIT. FEE  **OTAL OR ADDIT. FEE  **TI the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3.  **To "Highest Number Previously Paid For "Otal or independent) is the highest number found in the appropriate box in column 1. |                |                 |                                             |                |         |                     |         |                        |                        |        |                            |                        |